DRIVEWAY/SIDEWALK PERMIT

Community Development



110 North 1st Street, Indianola, Iowa 50125-0299 (515) 961-9430 • <u>comdev@indianolaiowa.gov</u>

	(313) 301-3430 v contaev@maianolaiowa.gov
PROPERTY OWNER	CONTRACTOR (if not Property Owner)
(Last Name)	(Company Name)
(First Name)	(State of Iowa Registration Number)
(Address)	(Address)
(City)(State)(Zip)	(City)(State)(Zip)
(Phone)(Email)	(City)(State)(Zip)
□ <u>DRIVEWAY</u>	□ <u>SIDEWALK</u>
☐ New Driveway	□ New Sidewalk
	☐ Replace Sidewalk
Submittal Requirements:	Submittal Requirements:
All submittal requirements must be completed. Incomplete applications	All submittal requirements must be completed. Incomplete applications
will not be considered	will not be considered
☐ Completed Application	☐ Completed Application
□ Property Address:	□ Property Address:
☐ Curb Cut Required: ☐ Yes ☐ No ☐ Culvert" Diameter	☐ Curb Cut Required: ☐ Yes ☐ No
□ Driveway Thickness:	☐ Sidewalk Thickness:
□ Driveway Width:	☐ Sidewalk Width:
☐ Filing Fee: <u>\$25 per request</u>	☐ Filing Fee: \$20 per request
☐ Site Plan	☐ Site Plan
☐ Other Information as required by Director	☐ Other Information as required by Director
I certify that the information and exhibits submitted are true and correct to the best of my know cation I am acting with the knowledge, consent and authority of the owner(s) of the property. P by permit City officials to enter upon the property for the purpose of inspection related to this a Signature	ursuant to said authority, I here-
<u> </u>	Signature
Name (printed) Date _	